

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No.		1032-P01445US3		
		First Named Inventor		BOTICH ET AL, Michael J.		
		Title	Catheter Insertion Device with Retractable Needle			
		Express Mail Label No.		EV301974868US		Date Mailed: December 3, 2003
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>			<b>ADDRESS TO:</b> Commissioner of Patents Mail Stop Patent Application Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i> 3. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i>			(Total Pages [ 44 ])			
- Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure			7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on <input type="checkbox"/> CD-ROM or CD-R (2 copies); or <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies			
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) 5. <input checked="" type="checkbox"/> Oath or Declaration			(Total Sheets [ 16 ]) (Total Pages [ 2 ])			
a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input checked="" type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and certification for non-publication under 35 U.S.C. 122 17. <input type="checkbox"/> Other: _____			
<b>ACCOMPANYING APPLICATION PARTS</b>						

17497 U.S. PTO  
 110/727363  

 120303

#### CONTINUING APPLICATION INFORMATION

This application is a **Continuation** of the following United States applications, each of which is incorporated herein by reference:

09/070,829, filed on April 30, 1998, 09/526,612, filed on March 16, 2000, PCT/US98/24103, filed on November 12, 1998  
 and PCT/US99/10609, filed on May 13, 1999.

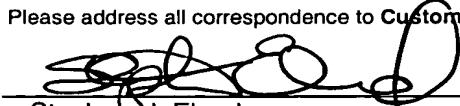
#### PRIORITY APPLICATIONS

This application claims priority to the following application(s), each of which is hereby incorporated herein by reference.

**U.S. Provisional Applications:** 60/120,888 filed February 20, 1999, 60/094,801 filed July 31, 1998 and 60/065,347  
 filed November 12, 1997

#### CORRESPONDENCE ADDRESS

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120303

# FEE TRANSMITTAL

*Complete if known*

Application Number: Not Yet Assigned

Filing Date: December 3, 2003

First Named Inventor: Botich et al

Group Art Unit:

Examiner Name:

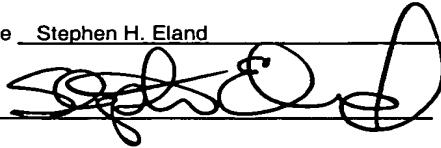
Total Amt. of Payment: (1)+(2)+(3)= \$856

Attorney Docket Number: 1032-P01445US3

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																													
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath <u>0</u> Surcharge - late provisional filing fee or cover sheet Extension for response within first month Extension for response within second month Extension for response within third month Extension for response within fourth month Notice of Appeal Filing a brief in support of an appeal Request for oral hearing Petition to revive unavoidably abandoned application Petition to revive unintentionally abandoned application Issue fee Petitions to the Commissioner Petitions related to provisional applications Submission of Information Disclosure Stmt. Recording each patent assignment per property <u>0</u> Other fee (specify) <u>Advance Order (10 copies)</u> <b>SUBTOTAL (3)</b> <u>\$0</u>																													
<b>FEE CALCULATION</b> 1. <b>FILING FEE</b> <b>Fee Description</b> <b>Fee</b> Utility filing fee <u>770</u> Design filing fee Plant filing fee Reissue filing fee <b>SUBTOTAL (1)</b> <u>\$770</u>																															
2. <table border="0"> <thead> <tr> <th></th> <th><b>Paid</b></th> <th><b>Extr</b></th> <th><b>Fee</b></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>19</td> <td>-20</td> <td>= 0</td> </tr> <tr> <td></td> <td></td> <td>x 18</td> <td>= 0</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-3</td> <td>= 1</td> </tr> <tr> <td></td> <td></td> <td>x 86</td> <td>= 86</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><b>SUBTOTAL (2)</b> <u>\$86</u></td> </tr> </tbody> </table>			<b>Paid</b>	<b>Extr</b>	<b>Fee</b>	Total Claims	19	-20	= 0			x 18	= 0	Independent Claims	4	-3	= 1			x 86	= 86	Multiple Dependent (First presentation)							<b>SUBTOTAL (2)</b> <u>\$86</u>		
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Submitted By:

Typed or

Printed Name Stephen H. ElandReg. Number 41,010Signature Date December 3, 2003

Deposit Account User ID

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